



Troop 1983 Big Event



Event: **Wizards Basketball Game**

Where: Verizon Center, Washington, DC

When: Meet: 5:35 pm; Depart: 6:00 pm, **Saturday, Feb 6 Mar 13**, Vienna Metro Station
Return: 10:30 pm, **Saturday, Feb 6 Mar 13**, Vienna Metro Station

What: The troop is going to watch the “new” Wizards play the ~~Atlanta Hawks~~ Orlando Magic and hopefully win. We’ll be meeting at the Vienna Metro Station (North Parking side) and traveling via metro. ~~February 6~~ March 13 is Boy Scout night at the Verizon Center. In coordination with the Verizon Center, there is a very good possibility our troop will be moved to a lower section. Because of this scouts must wear their scout uniform w/neckerchief to attend. This is a different uniform option than what the PLC selected.

Scouts attending must turn in a check to cover the basketball ticket and permission form to their patrol leader no later than the ~~February 4~~ March 8 troop meeting. **Patrol leaders must turn in checks and forms with a list of who is going and who is not going to the SPL during that troop meeting.** In addition, scouts should bring \$4.90 on March 13 in order to purchase their own Metro ticket.

Food: Eat dinner at home or at the game.

Costs: Scouts/adults: \$24 basketball ticket. Metro ticket: \$4.90 roundtrip. Extra money for food/snacks at game.

What to Bring Checklist: N/A

Don’t Bring:

- Pocket knives
- Water bottles
- Still cameras with detachable lenses
- Food and beverages are not allowed to be brought into the arena

Permission slip/check: Provide both to your patrol leader at the March 8 troop meeting. Checks payable to “Troop 1983”.

Planning to Attend: You must inform the Scoutmaster ASAP.



Troop 1983 Permission Slip



I give my permission for _____ to participate in the **March 13, 2010 Wizards Basketball Game.**

I understand the proposed activities, mode of transportation, the leadership accompanying the troop, and all other circumstances related to this Boy Scout experience. I certify that my child, as a member or guest of the troop, is in good health and can participate in all normal activities of the group except as described below.

I understand that reasonable measures will be taken to safeguard the health and safety scouts and of the Troop and that I will be notified as soon as possible in the event of an emergency. In the event of sickness or accident, I authorize calling a doctor and/or providing other necessary medical services. *I also authorize the release of medical or treatment information covered under HIPAA to the scoutmaster, assistant scoutmaster or other registered leader with the troop to assist in assessing and treating my child's health as if I were present, and I authorize them to release such information (including BSA physical examination forms) to medical or emergency authorities as may be necessary for assessing and treating my child's health. I understand the proper use of medications is the responsibility of each scout and his parents, and I list below all medications my child is currently taking.*

In case of emergency, I can be reached at the following telephone number(s):

(Parent/Guardian Signature)

List any change in Part A, Health History in respect to allergies, medications, limitations, or restrictions, etc.(if none, state "none"):

